

STUDENT REGISTRATION



This personal information is being collected under the authority of The Public Schools Act and will be used for educational purposes. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the superintendent of River East Transcona School Division, 589 Roch Street, Winnipeg, MB R2K 2P7 Tel: 204.667.7130.

STUDENT INFORMATION

Please print clearly, this is important information for our records.

PLEASE PRINT

School year: _____

School name: **PRINCESS MARGARET SCHOOL**

Applying for Grade: _____

Usual LAST name: _____ Usual FIRST name: _____ Usual MIDDLE name: _____

Legal LAST name: _____ Legal FIRST name: _____ Legal MIDDLE name: _____

Legal gender: Male Female

Preferred gender (if applicable): Trans male Trans female Two-Spirit Gender non-conforming

Birth date: (mm/dd/yy) _____ Language spoken at home: _____

Home address: Apt. # _____ House # _____ Street: _____

City: _____ Province: _____ Postal code: _____

Box #/Group #/RR #: _____ Student home #: _____ Student cell #: _____

Student Manitoba Medical: Personal # (9-digit) Student family # (6-digit)

Are you a resident of River East Transcona School Division? Yes No (If no, complete and attach a Schools of Choice application)

Is the student a high school graduate? Yes No Last school attended: _____

If not a Canadian citizen, please identify the CIC (Citizen and Immigration Canada) authority:

A) Permanent resident B) Refugee claimant C) Work permit D) Study permit E) Other _____

Date entered Canada: (mm/dd/yy) _____

OFFICE: A-C are provincially funded students

CONTACT INFORMATION

Custody: Are there any legal restrictions to this student? Yes No (If yes, a copy of legal documents must be on file at the school)

List in order of priority to call:

1st/Primary contact

LAST name: _____ FIRST name: _____ Mr. Mrs. Ms. Relationship: _____

Address: Same as above Other: _____ Postal code: _____

Employer: _____ Work phone: _____ Ext.: _____

Home phone: _____ Unlisted? Yes No Cell: _____ Email: _____

Legal guardian? Yes No Can pick up student? Yes No Has custody of student? Yes No

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Send additional report card? Yes No This contact is restricted? Yes No

Phone number to call in case of emergency: _____

Upon registration, Parent Portal login information will be provided by the school.

2nd contact

LAST name: _____ FIRST name: _____ Mr. Mrs. Ms. Relationship: _____

Address: Same as above Other: _____ Postal code: _____

Employer: _____ Work phone: _____ Ext.: _____

Home phone: _____ Unlisted Yes No Cell: _____ Email: _____

Legal guardian Yes No Can pick up student Yes No Has custody of student Yes No

Send additional report card Yes No This contact is restricted Yes No

Phone number to call in case of emergency: _____ Would like Parent Portal access Yes No

3rd contact

LAST name: _____ FIRST name: _____ Mr. Mrs. Ms. Relationship: _____

Address: Same as above Other: _____ Postal code: _____

Employer: _____ Work phone: _____ Ext.: _____

Home phone: _____ Unlisted? Yes No Cell: _____ Email: _____

Legal guardian Yes No Can pick up student Yes No Has custody of student Yes No

Send additional report card Yes No This contact is restricted Yes No

Phone number to call in case of emergency: _____ Would like Parent Portal access Yes No

Daycare or other contact

LAST name: _____ FIRST name: _____ Mr. Mrs. Ms. Relationship: _____

Address: Same as above Other: _____ Postal code: _____

Employer: _____ Work phone: _____ Ext.: _____

Home phone: _____ Unlisted? Yes No Cell: _____ Email: _____

Legal guardian? Yes No Can pick up student? Yes No Has custody of student? Yes No

This contact is restricted? Yes No Phone number to call in case of emergency: _____

STUDENT REGISTRATION



SIBLINGS

Please list the full legal names of all siblings of the student who are attending any RETSD schools—only those for whom the parent(s)/guardian(s) listed on page 1/2 are *legal* guardian(s).

SIGNATURES

The following signatures verify that the above information is true and accurate. Upon transfer/withdrawal of the student, the pupil file will be forwarded to the next school of attendance.

I consent to receive, via email, information in the form of newsletters, school updates and announcements regarding division and school activities, including fundraising and promotions. (If at any time you wish to be removed from our email list, please contact the school office.)

Email address: **Please print clearly** _____

Parent/guardian: _____ or student (if 18 or older): _____

Date: _____

INDIGENOUS IDENTITY DECLARATION

Indigenous Identity Declaration helps to support the efforts of Manitoba Education and Training and school divisions to plan and improve programs in a way that is responsive to Indigenous learners. **Providing this personal information is voluntary and optional.** It is being collected in compliance with section 36(1)(b) of the Freedom of Information and Protection of Privacy Act (FIPPA) as it is necessary for and relates directly to the activity of Manitoba and school divisions to plan, deliver and improve programs

I, _____ (name of parent/guardian, please print clearly):

- Am submitting my child's Indigenous Identity Declaration for the first time
- Am making changes to my child's Indigenous Identity Declaration
- Already submitted my child's Indigenous Identity Declaration and have no further changes to make at this time

Is your child an Indigenous person, that is, First Nation (North American Indian), Métis or Inuk (Inuit)? If "Yes," check the box(es) that best describe(s) your child now (*note: First Nations (North American Indian) include Status and Non-Status Indians*):

- Yes, First Nation (North American Indian)
- Yes, Métis
- Yes, Inuk (Inuit)

Which best describes your child's Indigenous cultural-linguistic identity? Please select up to two choices:

- | | |
|--|---|
| <input type="checkbox"/> Anishinaabe (Ojibway/Saulteaux) | <input type="checkbox"/> Oji-Cree |
| <input type="checkbox"/> Ininiw | <input type="checkbox"/> Michif |
| <input type="checkbox"/> Dene (Sayisi) | <input type="checkbox"/> Inuktitut |
| <input type="checkbox"/> Dakota | <input type="checkbox"/> Other: Please specify: _____ |

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MEDICAL QUESTIONNAIRE

Please complete the following (specify yes if physician-diagnosed)

1. Anaphylaxis Yes No
2. Anaphylaxis—has EpiPen prescribed Yes No
3. Asthma Yes No
4. Asthma—has inhaler prescribed Yes No
5. Bleeding (i.e. hemophilia, Von Willebrand disease) Yes No _____
6. Cardiac condition Yes No
7. Catheterization Yes No
8. Central line Yes No
9. Diabetes Yes No
10. Gastrostomy Yes No
11. Intermittent catheterization Yes No
12. Medication Yes No _____
13. Nasogastric tube Yes No
14. Osteogenesis imperfecta Yes No
15. Ostomy Yes No
16. Oxygen Yes No
17. Seizure disorder Yes No
18. Steroid dependence Yes No
19. Suctioning (A)—tracheal suctioning Yes No
20. Suctioning (B)—oral/nasal suctioning Yes No
21. Tracheostomy Yes No
22. Ventilator Yes No
23. Other intervention/condition/diagnosis (not listed) * Yes No _____

***Other health condition(s) must be physician-diagnosed with supporting documentation provided.**

This medical information is being collected so that appropriate health-care plans and programming may be developed. This information will only be shared with appropriate individuals. This information is protected by The Personal Health Information Act. Questions should be directed to the school principal.

STUDENT REGISTRATION



SUPPORT SERVICES

Please indicate if the student has utilized any of the following services

OFFICE: If any items have been checked off, forward to the school principal

- | | |
|--|---|
| <input type="checkbox"/> Resource | <input type="checkbox"/> School counsellor |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Speech & language |
| <input type="checkbox"/> Social work | <input type="checkbox"/> Occupational therapy |
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Outside agency |
| <input type="checkbox"/> Child in care | <input type="checkbox"/> Other _____ |

If any services above are checked (✓), please complete details below

Name of agency/support service: _____ Contact person: _____

Address: _____ Phone: _____

Briefly describe the reason for service: _____

Name of agency/support service: _____ Contact person: _____

Address: _____ Phone: _____

Briefly describe the reason for service: _____

The support services information is being collected so appropriate educational services may be provided for your son/daughter. This information will only be shared with appropriate individuals. This information is protected by The Freedom of Information and Protection of Privacy Act. Questions should be directed to the school principal.

INSTRUCTIONAL TECHNOLOGY USE

Access to the River East Transcona School Division instructional technology services plays a vital role in teaching and learning in today's world. Student access to computer information technology is an integral part of their learning. The division, in cooperation with students and parents, will work to build an understanding of the importance of digital citizenship and the role that computer information technology can play in education.

River East Transcona School Division promotes the use of its instructional technology services to improve the digital literacy of its users. Every user is expected to adhere to this policy, as well as the accompanying regulation and exhibits, and by accessing instructional technology tools, consents to follow the expectations contained in the policy.

Effective Date:	June 1, 2004 June 20, 2006;	Review Date:
Amended Date:	June 17, 2008; March 15, 2011; February 21, 2017; October 15, 2019; November 17, 2020	
Board Motion(s):	372/04; 326/06; 221/08; 70/11; 35/17; 232/19' 252/20	
Legal/Cross Reference:	IJND-E1 Instructional Technology Use Form Kindergarten to Grade 12; IJND-R Instructional Technology Use Regulation	

INSTRUCTIONAL TECHNOLOGY USE FORM KINDERGARTEN TO GRADE 12

Instructional Technology Use Form **For Students in Kindergarten to Grade 12**

We are pleased to provide students of River East Transcona School Division access to computer network and equipment. Unless otherwise indicated, access to the computer network and equipment will be granted to all students.

(1) **Safeguards**

Access to instructional technology services will enable students to engage opportunities to digitally create, collaborate and problem solve as well as explore thousands of libraries, databases and digital resources while communicating with users throughout the world.

It is the shared responsibility of the student, parent and school staff to ensure that access to instructional technology services provided by the school system is appropriate.

The River East Transcona School Division uses an Internet filtering system to minimize access to inappropriate websites. Some material accessible via instructional technology might contain items that are potentially offensive to some people, inaccurate, defamatory or illegal. While we do everything we can to prevent such access, it is not possible to *guarantee* that students will not accidentally or purposely find inappropriate material. We believe that the benefits to students from access to instructional technology, in the form of information resources and opportunities for digital creation, communication and collaboration, exceed any disadvantages. Ultimately, parents/ guardians of minors are responsible for setting and conveying the digital citizenship standards that their children should follow when using media and information sources. To that end, River East Transcona School Division supports and respects each family's decision not to approve access to computer information technology.

(2) **Division Instructional Technology**

Students are responsible for their behaviour on school instructional technology tools. Communications on the network can be public in nature. General school rules for behaviour and communications apply as does the divisional Code of Conduct.

INSTRUCTIONAL TECHNOLOGY USE FORM KINDERGARTEN TO GRADE 12

Access to instructional technology will enable students to engage in opportunities to digitally create, collaborate and problem solve as well as explore thousands of libraries, databases and other digital resources while communicating with users throughout the world.

Access to instructional technology is given to students to act in a considerate and digitally responsible manner. Access entails responsibility.

Individual users of the instructional technology are responsible for their behaviour and communications using these digital tools. It is presumed that users will comply with divisional standards and will honour the articulated expectations and responsibilities. Network administrators may review files and communications to maintain system integrity and ensure that users are using the system responsibly and in accordance with all applicable policies. Users acknowledge that they have no expectation of privacy in respect of their use of instructional technology information or anything stored on same.

As outlined in board policy, users will be responsible for their digital learning by:

- (a) recognizing that instructional technology tools are used for educational purposes;
- (b) understanding the positive and negative effects of what is posted and shared in a digital space;
- (c) keeping an educational focus when collaborating and communicating in digital spaces;
- (d) using instructional technology to facilitate and foster positive and meaningful communication and collaboration;
- (e) recognizing that instructional technology tools are often shared devices in schools and treating them in a respectful way is beneficial to the experience of all learners;
- (f) understanding copyright laws and only using online digital resources in a way that is allowable under fair dealing guidelines;

**INSTRUCTIONAL TECHNOLOGY USE FORM
KINDERGARTEN TO GRADE 12**

- (g) managing and protecting the safety and security of login credentials and respecting the privacy of the login information of others,
- (h) understanding that the use of my personal technology must not interfere with school work or of the overall learning environment;
- (i) understanding and acting in a manner so as to protect the privacy of myself and others in digital learning spaces;
- (j) recognizing that while my personal electronic device can be a valuable learning tool, River East Transcona School Division will not assume responsibility for the loss, damage, or theft of any personal electronic device.

Any violation of this policy (including but not limited to online threats and intimidation) may result in a loss of access, disciplinary measures, legal action or financial reimbursement. Violations of this policy may also constitute a violation of the divisional code of conduct and/or user responsibility and/or laws including the Criminal Code.

A copy of the complete policy (IJND – Instructional Technology Use) is available at the school upon request or at www.retsd.mb.ca.

River East Transcona School Division promotes the use of its instructional technology to improve the digital literacy of its users. Every user is expected to adhere to this policy and by accessing instructional technology consents to follow the expectations contained in the policy. All students are expected to adhere to the policy.



**INSTRUCTIONAL TECHNOLOGY USE FORM
KINDERGARTEN TO GRADE 12**

If you are electing to “opt out” of the below item, please indicate by checking the appropriate box, signing below and returning the form to the school. No action is necessary if you are not “opting out”.

As a parent or legal guardian of the minor student named below, I do not give permission for my child to have access to:

Instructional Technology provided by RETSD

Please note:

Parents who indicate “no” need to discuss this decision with their child.

Student Name		
_____	_____	_____
Parent Name	Parent Signature or Student Signature if 18 years of age or older.	Date
_____	_____	_____
School Name	Homeroom Teacher/Advisor	Grade

This form will be applicable until the end of the current school year or when parents indicate a change in permission.

Effective Date:	June 1, 2004	Review Date
	June 20, 2006; June 17, 2008;	
Amended Date:	March 15, 2011; February 21,	
	2017; October 15, 2019;	
	November 17, 2020	
Board Motion(s):	372/04; 326/04; 221/08; 70/11;	
	35/17; 232/19; 252/20	
Legal/Cross Reference:	IJND-Instructional Technology	
	Use/IJND-R Instructional	
	Technology Use Regulation	



**KDDB
MEDIA COVERAGE,
COPYRIGHT PERMISSION**

The River East Transcona School Division recognizes the value of positive public relations and as such realizes that from time to time during the school year, school staff, the media and/or River East Transcona School Division may be reporting on school or divisional events. On occasion, while covering these events, students are interviewed and/or still or moving images of them are taken for use by school staff, divisional staff or, the media. Quotes or images may be used by the media, in divisional publications, videos, social media accounts, or websites. (division, school, staff websites).

As well, on occasion, students' works are published by the media or River East Transcona School Division, for example in divisional publications or videos, social media accounts or on websites (division, school, staff websites). Work produced by a student is copyrighted to that student.

Unless otherwise indicated on KDDB-E1 – Parent Permission Form Media Coverage, Copyright Permission, by a parent/guardian or student who has reached the age of 18, it will be permitted for students to be interviewed and/or to allow still or moving images of them to be taken for use by the media or the division.

Parents who indicate “no” and opt out on any of the permission items identified in the exhibit need to discuss this decision with their child and indicate to the child what actions they must take in these situations. This information will be sent home on an annual basis.

Effective Date:	June 1, 2004	Review Date: May 8, 2018
Amended Date:	March 15, 2011; January 17, 2012; November 17, 2020	
Board Motion(s):	373/04; 70/11; 9/12; 252/20	
Legal/Cross Reference:	KDDB-E1 Media Coverage, Copyright Permission Form	

**PARENT PERMISSION FORM
MEDIA COVERAGE, COPYRIGHT PERMISSION**



589 ROCH STREET, WINNIPEG, MANITOBA R2K 2P7
P 204.667.7130 F 204.661.5618 www.retsd.mb.ca

**Parent Permission Form
Media Coverage, Copyright Permission**

From time to time during the school year, school staff, the media and/or River East Transcona School Division may be reporting on school or divisional events. On occasion, while covering these events, students are interviewed and/or still or moving images of them are taken for use by school staff, division staff or the media quotes or images may be used by the media or in divisional publications or videos, social media accounts or on websites (division, school, staff websites).

Student Identification on Websites

Please be assured that on River East Transcona School Division publications (division, school, staff websites, and social media accounts), your child in kindergarten to Grade 8, and their work will be identified by first name only.

Your child in Grade 9 to 12 and their work may be identified by their full name, and their full name may be included with their image, on River East Transcona School Division publications (division, school, staff websites and social media accounts).

Student Copyright Permission

A student's work is copyrighted to that student. Unless otherwise indicated on KDDB-E1-Media Coverage, Copyright Permission Form, by a parent/guardian or student who has reached the age of 18, it will be permitted for a student's work to be published by the media or River East Transcona School Division.

**PARENT PERMISSION FORM
MEDIA COVERAGE, COPYRIGHT PERMISSION**

If you are electing to “opt out” of any of the below items, please indicate by checking the appropriate box, signing below and returning the form to the school. No action is necessary if you are not “opting out”.

I do not give permission for my child to:

Be Interviewed for publication by:

- Division, school, staff websites and social media accounts (fundraising, newsletters, websites)
- Media (newspaper, radio, TV)

Be Photographed and/or to appear on video for publication by:

- Division, school, staff websites and social media accounts (fundraising, newsletters, websites)
- Media (newspaper, radio, TV)

Copyright:

- Have my child’s work published by the media or the division.

Please note:

Parents who indicate “no” by checking any of the permission items identified in the exhibit need to discuss this decision with their child and indicate to the child what actions they must take in these situations.

Student Name		
Parent Name	Parent Signature or Student Signature if 18 years of age or older	Date
School Name	Homeroom Teacher/Advisor	Grade

This form will be applicable until the end of the current school year.

Effective Date:	June 1, 2004 June 17, 2008; December 16, 2008;	Review Date: May 8, 2018
Amended Date:	March 15, 2011; January 17, 2012; November 17, 2020	
Board Motion(s):	373/04; 221/08; 392/08; 70/11; 9/12; 252/20	
Legal/Cross Reference:	KDDB-Media Coverage Copyright Permission	



PRINCESS MARGARET SCHOOL

367 Hawthorne Avenue, Winnipeg, Manitoba R2G 0H6 Phone 204-663-5073 Fax 204-668-5659

Principal: Mrs. S. Reynolds • Vice Principal: Ms M. Klassen

Parent Informed Consent For Out-Of-School Activities In The Local Community

Dear Parents and Guardians,

The purpose of this letter is to inform you about some of the out-of-school activities or events in the local school community in which your child will participate during the course of the year. Your signature at the bottom of this form confirms that you are aware of the information provided in this letter.

The River East Transcona School Division and the staff of Princess Margaret School recognize that valuable and unique learning can take place outside of the school building. We are therefore encouraged to make use of the total resources of the local community to meet curriculum goals.

During the course of the school year, student groups will engage in activities within the local community that take them out of the school building. These activities may include but are not limited to activities and events such as Run Club, Terry Fox Walk, community visits, taking a class to a nearby park, walking to a nearby mailbox, jogging for Phys. Ed. class, walking to the evacuation site and visits to nearby schools.

The risk of injury exists in all student activity. However, due to the very nature of some activities, the risk of injury may increase. The safety and well-being of activity students is a prime concern and every effort is made to minimize the foreseeable risks inherent in any activity.

While participating in school activities, which take them into the community, it is expected that students will conduct themselves appropriately during all aspects of schooling.

If, for some reason, your child cannot or ought not to participate in activities of this nature, please let us know.

I/We understand and agree that this is a part of the school program. I/We also understand that as a result of participating in this program that the participant is expected to follow the school procedures and code of conduct and that any deviations from these may result in consequences from the school administration.

I/We declare having read and understood the above INFORMED CONSENT AGREEMENT in its entirety and hereby consent to participate being aware of all the foregoing.

Parental Informed Consent:

Before your child may participate in local community activities, this signed consent form must be received at the school.

Student's Name (please print): _____ Home Room: _____

Parent Guardian Signature _____ Date _____



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Principal: Mrs. S. Reynolds • Vice Principal: Ms M. Klassen

K-4 PHYSICAL EDUCATION / HEALTH EDUCATION

Parental Option for Potentially Sensitive Content

The K-4 Physical Education/Health Curriculum contains potentially sensitive outcomes in the following areas:

- Personal Safety
- Substance Use and Abuse Prevention
- Human Sexuality

The curriculum is developmentally and age appropriate. For example, at K-4, Personal Safety helps children identify safety rules for child protection and how to avoid dangerous situations. Substance Use and Abuse Prevention focuses on identifying helpful and harmful substances and how to safely and properly take prescription medications. Human Sexuality identifies basic changes in growth and development such as changes to teeth, height, and clothes size.

The Manitoba Education, Citizenship and Youth department of the provincial government has mandated all potentially sensitive outcomes. Parents have the option to choose school based delivery or an alternative delivery for this potentially sensitive content. Alternative delivery of the potentially sensitive content becomes the responsibility of the parent (i.e., home, professional counseling) where the content is in conflict with family, religious or cultural values.

Please complete the form attached indicating either school based delivery or alternate delivery of the potentially sensitive content for your child. Please note that the permission form is a multi-year form, covering Kindergarten to Grade 4. Choice of school based delivery or alternate delivery can be changed at any time. Please notify the school, in writing, to request a change.

If you require more information, Parent Handbooks and curriculum materials are available at the school. The school will also host information meetings on the Physical Education/Health Education Curriculum.



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Principal: Mrs. S. Reynolds • Vice Principal: Ms M. Klassen

K-4 PHYSICAL EDUCATION / HEALTH EDUCATION

Parental Option for Potentially Sensitive Content

The Manitoba Education, Citizenship and Youth department of the provincial government has mandated all potentially sensitive outcomes. Please complete either the School Based Delivery Form or the Alternate Delivery Form below:

1. School Based Delivery Form

(Date)

My child _____
(Child's first and last name) (Grade) (Room)

has my/our permission to participate in the school based delivery of the potentially sensitive issues as outlined by the Manitoba Education, Citizenship and Youth curriculum.

(Parent / Guardian Signature)

2. Alternate Delivery Form

(Date)

I assume the responsibility for an alternative, home based delivery (home, professional counselling) of the potentially sensitive content for my child where the content is in conflict with family, religious or cultural values.

(Child's first and last name)

(Grade)

(Room)

(Parent / Guardian Signature)

STUDENT HOME COMPUTER AND TECHNOLOGY ACCESS

As the school division and the schools begin welcoming our students back in September, we want to make sure we are prepared for the possible shift to Blended Learning (some in class and some remote learning) or Remote Learning.

Part of this preparedness involves the school getting an accurate indication of the level of technology that is available at home for students.

Please complete this form and return it to your child's teacher as soon as possible.

Student Name: _____

Homeroom/Teacher Advisor: _____

1) I have access to computer technology that will allow me to access Office 365 services to support Blended or Remote Learning.

- Laptop
- Tablet
- Smartphone
- I do not have technology

2) I have access to high quality, high speed internet access.

- Yes
- No

Parent/Guardian Contact Information:

Name: _____

Address: _____

Phone Number: _____

Email: _____

CONSENT FOR EXCHANGE OF INFORMATION

Parent/Guardian's Name: _____

Address: _____ Phone _____

Give consent for the **River East Transcona School Division** to receive and/or give information about:

Child's Full Name: _____

Birth Date: Month _____ Day _____ Year _____

Previous School: _____

Information may concern this child's speech, language, intellectual, emotional and social development and educational, psychiatric, hearing or health needs. Information may be exchanged in written or spoken form.

This information may be received from and/or given to:

PRINCESS MARGARET SCHOOL

367 Hawthorne Avenue, Winnipeg, Manitoba R2G 0H6 P 204-663-5073 F 204-668-5659

This information will be used for the purpose of:

Appropriate classroom placement and program planning.

Information received by the division will be kept in a confidential file and be seen only by those people working on behalf of this child.

It is my choice to give consent. I understand that I may withdraw this consent at any time by notifying the division in writing.

Signature of Parent/Guardian

Date